



**Adult Education/Evening School**

**1299 Old Freehold Road  
Toms River, NJ 08753**

**Phone: (732) 473-3100 Ext. 1000 Fax: (732) 286-1196**

**REQUEST FOR DUPLICATED CERTIFICATE, GRADES OR LETTER OF VERIFICATION**

**PLEASE PRINT CLEARLY**

**NAME:** \_\_\_\_\_  
(Maiden Name if Applicable)

**Year of Attendance:** \_\_\_\_\_ **(or) Year of Completion:** \_\_\_\_\_

**Center Attended:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**I give permission to the Ocean County Vocational Technical School to send my duplicate certificate/grades/letter of verification to:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City State Zip Code**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

Number of Official Copies \_\_\_\_\_

\$5.00 per copy must accompany this request (MONEY ORDERS ONLY)

Payable to: Ocean County Vocational Technical School

**PLEASE RETURN TO THE ABOVE ADDRESS  
ATTN: Adult Education/ Student Records**

**FOR OFFICE USE ONLY: Paid:  Date Sent:**